



REMOTE CONNECTIVITY ACCESS REQUEST

DATE OF REQUEST: _____ RFS# _____ office use only

Requestor Information:

☐ TennCare ☐ State Agency ☐ MCO ☐ Other
☐ Initiate Access ☐ Modify Access ☐ Revoke Access

Justification: _____

Directory to which access is being requested:

Requestor Information:

Racf Id#: _____ Name: _____
Position Title: _____ Organization: _____
Address: _____
Phone# _____
Primary Email: _____ 2nd Email: _____

Requestor's Management Approval Information:

Approved by: _____ Phone #: _____
Title: _____ E mail Address: _____
Date of Approval _____

Revised: 8-02-10